

**DOMESTIC  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**CERTIFICATE OF LIMITED  
PARTNERSHIP**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [31 MRSA §421](#), the undersigned executes and delivers the following Certificate of Limited Partnership:

**FIRST:** The name of the limited partnership is:

\_\_\_\_\_  
(The name must contain one of the following: "Limited Partnership", "L.P." or "LP"; §403-A.1)

**SECOND:** The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**THIRD:** The name and business, residence or mailing address of each general partner is:

**NAME**

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Names and addresses of additional general partners are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

**FOURTH:** Other provisions of this certificate, if any, that the partners determine to include are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

**DATED** \_\_\_\_\_

**GENERAL PARTNER(S)\***

_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_

(authorized signature) (type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_

(authorized signature) (type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_

(authorized signature) (type or print name and capacity)

**Acceptance of Appointment of Registered Agent**

The undersigned hereby accepts the appointment as registered agent for the above-named limited partnership.

**REGISTERED AGENT**

**DATED** \_\_\_\_\_

_____	_____
(signature)	(type or print name)

**For Registered Agent which is a Corporation**

Name of Corporation \_\_\_\_\_

By \_\_\_\_\_

(authorized signature) (type or print name and capacity)

Note: If the **registered agent does not sign**, Form MLPA-18 ([§407.1-A](#)) must accompany this document.

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\*Certificate **MUST** be signed by:

- (1) all **general partners OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 453](#).

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**